

ATTACHMENT #5

SAMPLE COVER  
LETTER

Sample Cover Letter



COMPANY LETTERHEAD

TODAY'S DATE: \_\_\_\_\_ CONTRACT #: \_\_\_\_\_ TASK ORDER#: \_\_\_\_\_

TO GTM/GTR/CM: \_\_\_\_\_ PROJECT NAME: \_\_\_\_\_

CDR#: \_\_\_\_\_ DATE OF SECTION: \_\_\_\_\_ DATE DUE TO HUD: \_\_\_\_\_

DESCRIPTION OF SUBMITTAL: \_\_\_\_\_

*For the description indicate type Contract Deliverable Requirement indicated for each CDR #1 through 9 in Technical Exhibit 3. When used for CDR #7 indicate the specific type of trip report: i.e. Draw Inspection, Non-Draw Inspection, Final Inspection, Delayed Items of Completion, 9-Month or 12-Month, Follow-up to 12-Month, and then indicate the applicable attachments below.*

ATTACHMENTS:

\_\_\_\_ Photos \_\_\_\_\_ Architects

Supplemental Instructions

\_\_\_\_ Employee Wage Interviews \_\_\_\_\_ Advance of Escrow Funds,

Approval

\_\_\_\_ Supv. Architect Field Reports \_\_\_\_\_ Occupancy Approval Forms

\_\_\_\_ Construction Change Documents \_\_\_\_\_ Other: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name of Person Signing Above

.....  
DATE RECEIVED BY HUD: \_\_\_\_\_ ACCEPTABLE / UNACCEPTABLE (circle one)

HUD COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTRACT INSPECTOR ACTION

REQUIRED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE OF GTM/CM: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contractor Type in GTM Name Here

### Sample Project Description

<b>PROJECT DESCRIPTION</b>		
PROJECT NAME:		PROJECT NO.
ADDRESS:		Type of Facility (High-rise, Walkup, Row, etc.):
Number of Dwelling Units/Bedrooms/Beds:		Number of Buildings:
Section of the Act:		Number and Type of Accessory Buildings:
Type of Project (New Const., Sub. Rehab., or Existing/Refi.):		Foundation System:
Structural System:		Offsite Work:
Unusual construction requirements and/or scope of rehabilitation:		
Scheduled Initial Closing:		Scheduled Construction Period (months):
Scheduled Start of Construction:		
THE CONTRACTOR AND THE ASSIGNED INSPECTOR SHALL NOT HAVE AN IDENTITY OF INTEREST WITH THE OWNER, DESIGN ARCHITECT, SUPERVISORY ARCHITECT, OR THE BUILDER.		
PROJECT OWNER:		DESIGN ARCHITECT:
CONTACT PERSON & TELEPHONE NO.		CONTACT PERSON & TELEPHONE NO.
SUPERVISORY ARCHITECT:		BUILDER:
CONTACT PERSON & TELEPHONE NO.		CONTACT PERSON & TELEPHONE NO.
ESTIMATED NUMBER OF INSPECTIONS:		Special Instructions:
Monthly Inspections (typically 2 per month, (as determined by CM/GTM/GTR):		

Items of Delayed Completion Inspections:		
Warranty Inspections:		
TOTAL		Estimated Completion Date (including warranty period):
Upon receipt of this Task Order the Contract Inspector should immediately contact the HUD Construction Manager Scott Bearden at (817) 978-5775 (see PWS paragraph 5.2.3)		